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BIBDATASHEET**CONFIRMATION NO. 8270**

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 10/728,521 | FILING DATE 12/05/2003 RULE | CLASS 514 | GROUP ART UNIT 1653 | ATTORNEY DOCKET NO. HO-P02703US2 |
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/431,393 12/06/2002 *CMK*
 and claims benefit of 60/498,327 08/27/2003

**** FOREIGN APPLICATIONS ********none CMK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 03/08/2004**

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|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CMK</i> Examiner's Signature Initials | STATE OR COUNTRY TX | SHEETS DRAWING 2 | TOTAL CLAIMS 44 | INDEPENDENT CLAIMS 7 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

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TITLE

Oral lactoferrin in the treatment of sepsis

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|-----------------------------------|---|---|
| FILING FEE RECEIVED 838 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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